

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. _____	
1. PLACE OF DEATH County <u>Pima</u> State <u>ARIZONA</u>				Registered No. <u>242</u>	
Township _____ or Village _____ City <u>Tucson</u> No. _____ St. _____ Ward _____					
(If death occurred in a hospital or institution, give its NAME instead of street and number)					
Length of residence in city or town where death occurred <u>8 yrs.</u> ds. How long in U. S. if of foreign birth? <u>61 yrs.</u> ds.					
2. FULL NAME <u>Alejandro Siqueiros</u> How long in State when death occurred? <u>21 yrs.</u> ds.					
(a) Residence: No. <u>525 N Speedway</u> St. _____ Ward _____ (non-resident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH <u>1074</u>		
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Mexican</u>		21. DATE OF DEATH (month, day, and year) <u>3-23-, 1938</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Maria Jesus Siqueiros</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>married</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 10, 1938</u> to <u>Mar 28, 1938</u>	
6. DATE OF BIRTH (month, day, and year) <u>1855</u>		7. AGE Years <u>82</u> Months _____ Days _____ If LESS than 1 day, hrs. _____ min. _____		I last saw him alive on <u>Mar 22, 1938</u> ; death is said to have occurred on the date stated above, at <u>2:55 a.m.</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		The principal cause of death and related causes of importance were as follows: <u>Pneumonia Pneumonia</u>	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		Date of Onset <u>3/29/38</u>	
12. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>					
13. NAME <u>Efrain Siqueros</u>					
14. BIRTHPLACE (city or town) (State or Country) _____					
15. MAIDEN NAME _____					
16. BIRTHPLACE (city or town) (State or Country) _____					
17. INFORMANT <u>Sigisio Siqueiros</u> (Address) _____					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Hope</u> Date _____ 19____					
19. EMBALMER License No. _____ Signature _____ FUNERAL DIRECTOR <u>Heilly Undertaking Co Tucson Ariz</u> Address _____					
20. Filed <u>3-23, 1938</u> Registrar <u>J. H. ...</u>					
Other contributory causes of importance: <u>Arteriosclerosis</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ (Signed) <u>[Signature]</u> , M. D. (Address) <u>[Address]</u>					